Exhibit A

EEOC Form 5 (5/01) CHARGE OF DISCRIMINATION Charge Presented To: Agency(ies) Charge No(s): This form is affected by the Privacy Act of 1974. See enclosed Privacy Act **FEPA** Statement and other information before completing this form 440-2007-04053 EFOC Illinois Department Of Human Rights and EEOC State or local Agency, if any Name (indicate Mr., Ms., Mrs.) Home Phone (Incl. Area Code) Date of Birth Ms. Ramona A. Manus (702) 360-0990 08-18-1932 Street Address City. State and ZIP Code 7861 Lily Trotter Street, North Las Vegas, NV 89084 Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That ! Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.) No. Employees, Members Phone No. (Include Area Code) SAGE HOSPITALITY RESOURCES 500 or More (303) 595-7200 Street Address City, State and ZIP Code 1512 Larimer, Suite 800, Denver, CO 80202 No. Employees, Members Phone No. (Include Area Code) Street Address City, State and ZIP Code DATE(S) DISCRIMINATION TOOK PLACE DISCRIMINATION BASED ON (Check appropriate box(es).) Earliest RELIGION 06-01-2006 07-12-2006 COLOR SEX NATIONAL ORIGIN RACE DISABILITY OTHER (Specify below.) CONTINUING ACTION THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I was hired by the Respondent on February 13, 2001. I was employed as a Host/VIP Services at Respondent's Arlington Heights, Illinois hotel. During my employment, I was subjected to derogatory age-based remarks by management personnel. I complained to Respondent of age discrimination on several occasions during my employment. Although I was a full-time status employee, Respondent scheduled me to work less than full-time, which made me ineligible for full time status benefits. On July 12, 2006, I was discharged. I believe that I have been discriminated against because of my age, 74 (d.o.b.: 8/18/1932), and retaliation, in violation of the Age Discrimination in Employment Act of 1967. MAR 2 3 1887 NOTARY - When necessary for State and Local Agency Requirements I want this charge filed with both the EEOC and the State or local Agency, if any. If will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I swear or affirm that I have read the above charge and that it is true to I declare under penalty of perjury that the above is true and correct. the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT moun Manus SUBSCRIBED AND SWORN TO BEFORE MEITHIS DATE (month, day, year) Charging Party Signature Date